

AUTO CR - LOG SUMMARY #1071825

TYPE: INFO

Incident Finding / Overall Case Finding

| Description of Incident | Finding | Entered By | Entered Date |
|--|----------------|------------|--------------|
| It is reported that the involved member responded to a call to assist EMS, upon arrival the subject who was highly intoxicated from his birthday celebration the night before approached the involved member in a threatening manner and she deployed her taser striking him in the stomach. | (None Entered) | | |

Reporting Party Information

| Role | Name | Star No. | Emp No. | UOA / UOD | Position | Sex | Race | Address | Phone |
|--------------|------------------------|----------------|---------|-----------|----------------------|-----|------|---------|-------|
| CPD Employee | Reporting Party Victim | OAKES, KEVIN J | | 261 / 004 | LIEUTENANT OF POLICE | M | WHI | | |

Incident Information

| Incident From Date/Time | Address of Incident | Beat | Dist. Of Occurrence | Location Code | Location Description |
|---------------------------------------|---------------------|------|---------------------|---------------|----------------------|
| 04-OCT-2014 07:08 - 04-OCT-2014 07:08 | | 0423 | 004 | | |

Accused Members

| Role | Name | Star No. | Emp No. | UOA / UOD | Position | Status | Initial / Intake Allegation |
|------|------|----------|---------|-----------|----------|--------|-----------------------------|
|------|------|----------|---------|-----------|----------|--------|-----------------------------|

Other Involved Parties

| Role | Name | Star No. | Emp No. | UOA / UOD | Position | Sex | Race | Address | Phone |
|--------------|-----------------|------------------|---------|-----------|--------------------|-----|------|---------|-------|
| CPD Employee | Involved Member | MOSQUERA, MARINA | | 004 / | SERGEANT OF POLICE | F | S | | |
| NON-CPD | Victim/Subject | | | | | M | WWH | | |

Involved Party Associations

| Role | Rep. Party Name | Related Person | Relationship |
|------|-----------------|----------------|--------------|
|------|-----------------|----------------|--------------|

Incident Details

| | | | |
|--------------------------------|------|------------------------------|------|
| CR Required? | | Manner Incident Received? | BELL |
| Confidential? | | Biased Language? | N |
| Extraordinary Occurrence? | N | Bias Based Profiling? | N |
| Police Shooting (U)? | N | Alcohol Related? | N |
| Non Disciplinary Intervention: | N | Pursuit Related? | N |
| Initial Assignment: | IPRA | Violence in Workplace? | N |
| Notify IAD Immediately? | N | Domestic Violence? | N |
| EEO Complaint No.: | | | |
| Civil Suit No.: | | Civil Suit Settled Date: | |
| Notify Chief Administrator? | N | Notify Chief? | |
| Notify Coordinator? | | Notification Does Not Apply? | Y |
| Notification Other? | N | | |
| Notification Comments: | | | |

Incident Category List

| Incident Category | Primary? | Initial? |
|--|----------|----------|
| 20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE | Y | Y |

Investigator History

Investigator History

| Investigator | Type | Assigned Team | Assigned Date | Scheduled End Date | Investigation End Date | No. of Days |
|--------------|------|---------------|---------------|--------------------|------------------------|-------------|
|--------------|------|---------------|---------------|--------------------|------------------------|-------------|

Extension History

| Name | Previous Scheduled End Date | Extended Scheduled End Date | Date Certified Letter Sent | Reason Selected | Explanation | Extension Report Date | Approved By | Approved Date | Approval Comments |
|------|-----------------------------|-----------------------------|----------------------------|-----------------|-------------|-----------------------|-------------|---------------|-------------------|
|------|-----------------------------|-----------------------------|----------------------------|-----------------|-------------|-----------------------|-------------|---------------|-------------------|

Current Allegations

| Accused Name | Seq. No. | Allegation | Category | Subcategory | Finding |
|--------------|----------|------------|----------|-------------|---------|
|--------------|----------|------------|----------|-------------|---------|

Situations (Allegation Details)

| Accused Name | Alleg. No. | Situation | Victim/Offender Armed? | Weapon Types | Weapon Other | Weapon Recovered? | Deceased? |
|--------------|------------|-----------|------------------------|--------------|--------------|-------------------|-----------|
|--------------|------------|-----------|------------------------|--------------|--------------|-------------------|-----------|

Status History

| Resulting Status | Status Date/Time | Created By | Position | UOA / UOD | Comments |
|---------------------------|-------------------|--------------------|----------------------------|-----------|--|
| ADMINISTRATIVELY CLOSED | 14-DEC-2016 09:40 | WESTENSEE, JAY | DEPUTY CHIEF ADMINISTRATOR | 113 / | re-closed after addition of 20C category code. |
| PENDING ASSIGN TEAM | 14-DEC-2016 09:39 | WESTENSEE, JAY | DEPUTY CHIEF ADMINISTRATOR | 113 / | |
| PENDING SUPERVISOR REVIEW | 14-DEC-2016 09:38 | WESTENSEE, JAY | DEPUTY CHIEF ADMINISTRATOR | 113 / | |
| PRELIMINARY | 14-DEC-2016 09:37 | WESTENSEE, JAY | DEPUTY CHIEF ADMINISTRATOR | 113 / | Changed of status to enter category code 20C |
| ADMINISTRATIVELY CLOSED | 02-NOV-2014 03:36 | WEEDEN, WILLIAM | DEPUTY CHIEF ADMINISTRATOR | 113 / | |
| CLOSED AT C.O.P.A. | 02-NOV-2014 03:36 | WEEDEN, WILLIAM | DEPUTY CHIEF ADMINISTRATOR | 113 / | |
| PENDING ASSIGN TEAM | 08-OCT-2014 11:33 | QUERFURTH, PATRICK | SUPERVISING INV COPA | 113 / | |
| PENDING SUPERVISOR REVIEW | 08-OCT-2014 11:31 | TOUSANT, LISA | INTAKE AIDE | 113 / | |
| PENDING ASSIGN TEAM | 08-OCT-2014 11:26 | QUERFURTH, PATRICK | SUPERVISING INV COPA | 113 / | |
| PENDING SUPERVISOR REVIEW | 08-OCT-2014 10:57 | TOUSANT, LISA | INTAKE AIDE | 113 / | |
| PRELIMINARY | 08-OCT-2014 10:57 | TOUSANT, LISA | INTAKE AIDE | 113 / | |
| PRELIMINARY | 06-OCT-2014 07:08 | QUERFURTH, PATRICK | SUPERVISING INV COPA | 113 / | Need taser download |
| PENDING SUPERVISOR REVIEW | 04-OCT-2014 02:17 | WILLIAMS, TIFFANY | INVESTIGATOR 2 COPA | 113 / | |
| PRELIMINARY | 04-OCT-2014 01:44 | CHICO, ALICE | INVESTIGATOR 2 COPA | 113 / | |
| PENDING SUPERVISOR REVIEW | 04-OCT-2014 11:13 | WILLIAMS, TIFFANY | INVESTIGATOR 2 COPA | 113 / | |
| PRELIMINARY | 04-OCT-2014 08:59 | WILLIAMS, TIFFANY | INVESTIGATOR 2 COPA | 113 / | |

Attachments

| No. | Type | Related Person | No. of Pages | Narrative | Original in File | Entered By | Entered Date/Time | Status | Approve Content | Approve Inclusion |
|-----|-----------------------------|----------------|--------------|----------------|------------------|-------------------|-------------------|----------|-----------------|-------------------|
| 1 | FACE SHEET | | | | | WILLIAMS, TIFFANY | 04-OCT-2014 08:59 | | | |
| | DOCUMENTS - INTAKE INCIDENT | | 2 | RD# [REDACTED] | N | CHICO, ALICE | 04-OCT-2014 01:42 | APPROVED | | |
| | DOCUMENTS - INTAKE INCIDENT | | 2 | | N | WILLIAMS, TIFFANY | 04-OCT-2014 01:48 | APPROVED | | |
| | DOCUMENTS - INTAKE INCIDENT | | 2 | Sgt. Mosquera | N | WILLIAMS, TIFFANY | 04-OCT-2014 01:49 | APPROVED | | |
| | DOCUMENTS - INTAKE INCIDENT | | 1 | [REDACTED] | N | TOUSANT, LISA | 08-OCT-2014 10:57 | APPROVED | | |

Review Incident

| Review Type | Accused/Involved Member Name | Result Type | Reviewed By | Position | Unit | Review Date | Remarks |
|-------------|------------------------------|-------------|-------------|----------|------|-------------|---------|
|-------------|------------------------------|-------------|-------------|----------|------|-------------|---------|

Review Accused

| Review Type | Accused/Involved Member Name | Result Type | Reviewed By | Position | Unit | Review Date | Remarks |
|-------------|------------------------------|-------------|-------------|----------|------|-------------|---------|
|-------------|------------------------------|-------------|-------------|----------|------|-------------|---------|

Accused Finding History

| Accused | Allegation | Reviewed By | Reviewed Date/Time | CCR? | Concur? | Finding | Finding Comments |
|---------|------------|-------------|--------------------|------|---------|---------|------------------|
|---------|------------|-------------|--------------------|------|---------|---------|------------------|

Accused Penalty History

| Accused | Reviewed By | Reviewed Date/Time | CCR? | Concur? | Penalty | Penalty Comments |
|---------|-------------|--------------------|------|---------|---------|------------------|
|---------|-------------|--------------------|------|---------|---------|------------------|

Findings

| Accused Name | Allegations | Category | Concur? | Findings | Comments |
|--------------|-------------|----------|---------|----------|----------|
|--------------|-------------|----------|---------|----------|----------|

FACE SHEET (Notification Date: 04-OCT-2014) - LOG #1071825

TYPE: INFO

Reporting Party Information

| Role | Name | Star No. | Emp No. | UOA / UOD | Position | Sex | Race | Address | Phone |
|--------------|------------------------|----------------|---------|-----------|----------------------|-----|------|---------|-------|
| CPD Employee | Reporting Party Victim | OAKES, KEVIN J | | 261 / 004 | LIEUTENANT OF POLICE | M | WHI | | |

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|---------------------------------------|---------------------|------|---------------------|---------------|----------------------|
| 04-OCT-2014 07:08 - 04-OCT-2014 07:08 | | 0423 | 004 | | |

Accused Members

| Role | Name | Star No. | Emp No. | UOA / UOD | Position | Status | Initial / Intake Allegation |
|------|------|----------|---------|-----------|----------|--------|-----------------------------|
|------|------|----------|---------|-----------|----------|--------|-----------------------------|

Incident Details

| | | | |
|--------------------------------|------|------------------------------|------|
| CR Required? | | Manner Incident Received? | BELL |
| Confidential? | | Biased Language? | N |
| Extraordinary Occurrence? | N | Bias Based Profiling? | N |
| Police Shooting (U)? | N | | |
| Motor Vehicle (V)? | | Alcohol Related? | N |
| Non Disciplinary Intervention: | N | Pursuit Related? | N |
| Initial Assignment: | IPRA | Violence in Workplace? | N |
| Notify IAD Immediately? | N | Domestic Violence? | N |
| EEO Complaint No.: | | | |
| Civil Suit No.: | | Notify Chief? | |
| Notify Chief Administrator? | N | Notification Does Not Apply? | Y |
| Notify Coordinator? | | | |
| Notification Other? | N | | |

Initial Incident Category List

| Initial Incident Category | Primary? |
|--|----------|
| 20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE | Y |

Assignment History

| Assigned To | Assigned Team | Investigator | Assignment Date/Time | Assigned By | Reason |
|-------------|--|--------------|----------------------|-------------------|--------|
| IPRA | CIVILIAN OFFICE OF POLICE ACCOUNTABILITY | - | 04-OCT-2014 08:59 | WILLIAMS, TIFFANY | |

Status History

| Resulting Status | Status Date/Time | Created By | Position | UOA / UOD | Comments |
|---------------------------|-------------------|--------------------|----------------------------|-----------|--|
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| PRELIMINARY | 08-OCT-2014 10:57 | TOUSANT, LISA | INTAKE AIDE | 113 / | |
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CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11.388(6/03)-C

RD # [REDACTED]
Case ID: [REDACTED]
EVENT # [REDACTED]

| | | | |
|----------|---|------------|---|
| INCIDENT | APPROVAL COMPLETE | | |
| | IUCR: 5079 - Non-Criminal - Mental Health Transport | | |
| | Occurrence Location: [REDACTED] 303 - Sidewalk | Beat: 0423 | Unit Assigned: 0423 RO Arrival Date: 04 October 2014 07:05 |
| | Occurrence Date: 04 October 2014 06:51 | | |

| | | | |
|-----------------|--|------------------------|--|
| NON-OFFENDER(S) | VICTIM - Individual | | |
| | Name: [REDACTED] | Beat: 3100 | Demographics |
| | Res: [REDACTED] | | Male White Hispanic 5'09, 230 lbs Brown Eyes Black Hair Pony Tail Hair Style Olive Complexion |
| | Sobriety: Intoxicated CPD Officer: No | | DOB: [REDACTED] Age: 44 Years Birth Place: Illinois |
| | | Identification: | |
| | | <u>Type</u> | <u>State</u> <u>Number</u> |
| | | State Id | Illinois [REDACTED] |

| | | | |
|----------------------|-----------------------------|------------|-------------------------|
| WITNESS - Individual | WITNESS - Individual | | |
| | Name: [REDACTED] | Beat: 0433 | Demographics |
| | Res: [REDACTED] | | Male White Hispanic |
| | CPD Officer: No | | Age: 40 Years - Approx. |

| | | | |
|--------------------------------|-------------------------------|--------------------------|--|
| INJURY(S) | Injury Info [REDACTED] | | |
| | Extent: Minor | | |
| | CFD First Aid Given? Yes | Hospital: [REDACTED] | |
| | Responding Unit: AMBULANCE 9 | | |
| Physician Name: DR. PLAMOOTTIL | | | |
| <u>Type</u> | <u>Weapon Used</u> | <u>Other Weapon Used</u> | |
| Laceration | Knife/Cutting Instrument | Other - Kitchen Knife | |
| Other | Other | Other - Tazer | |

| | | |
|-------|-----------------------------|-------------------------|
| OTHER | Miscellaneous | |
| | Victim Information Provided | Flash Message Sent ? No |

NARRATIVES

EVENT # [REDACTED] IN SUMMARY, R/O'S RESPONDED TO AN OEMC CALL FOR CHECK THE WELL-BEING AT LISTED LOCATION. UPON ARRIVAL, R/O'S OBSERVED [REDACTED] (VICTIM) COVERED IN BLOOD BEING EXTREMELY COMBATIVE TOWARDS R/O'S. VICTIM WAS OBSERVED TO BE HIGHLY INTOXICATED, AND BEGAN SHOUTING OBSCENE PROFANITIES AT R/O'S AND BEGAN APPROACHING R/O'S IN A THREATENING MANNER. UPON CFD AMBULANCE #9, CFD TRUCK # 17, CFD ENG# 46 ARRIVING ON SCENCE, VICTIM REFUSED NUMEROUS REQUESTS TO CALM DOWN AND RECEIVE PROPER MEDICAL TREATMENT. SUBSEQUENT TO FINAL THREATENING APPROACH VICTIM WAS TASED BY SGT. MOSQUERA, #2449, BT. 430. FOR OFFICER SAFETY AND SAFETY OF THE VICTIM. VICTIM WAS RESTRAINED BY CFD AND TRANSPORTED @0721HRS TO [REDACTED] FOR TREATMENT AND REMOVAL OF TASER PRONGS BY [REDACTED]. (INVENTORY # [REDACTED]) TREATED AND RELEASED IN GOOD CONDITION. IN ADDITION, [REDACTED] (WITNESS) RELATED TO R/O'S THAT THE CAUSE OF THE LACERATION TO THE VICTIM'S RIGHT INDEX FINGER WAS SELF-INFLICTED BY WAY OF KNIFE. NOTIFICATON TO OEMC AT 0708HRS, LT. OAKES #178, 004 DISTRICT DESK OFFICER GUERERO #3995, TRR SUBMITTED BY 430, LOG # ALSO OBTAINED BY 430. NFI.

- STAR#: 16852 NAME: LANA ORLANDO BEAT: 0423
- STAR#: 10679 NAME: TIMOTHY MADISON BEAT: 0421
- STAR#: 2449 NAME: MARINA MOSQUERA BEAT: 0430

PERSONNEL

| | Star No | Emp No | Name | User | Date | Unit | Beat |
|-------------------|---------|------------|------------------|------------|-------------------|------|------|
| Reporting Officer | 16852 | [REDACTED] | ORLANDO, Lana, M | [REDACTED] | 04 Oct 2014 08:52 | 004 | 0423 |

| | | | | | | | | | | | | | | | | | | |
|---|--|-------------------------|---|---|--|--------------------------------|---|------------------------------|--|--|--|--|---|--|--|--|--|--|
| 1. DATE OF INCIDENT 04-OCT-2014 | | TIME 07:08:00 | | 2. ADDRESS OF OCCURRENCE [REDACTED] | | 3. LOCATION CODE 303 | | 4. BEAT/OCCUR 0423 | | | | | | | | | | |
| MEMBER INVOLVED | 5. POSITION 9171 | | 6. LAST NAME MOSQUERA | | 7. FIRST NAME MARINA | | 8. STAR NO. 2449 | | 9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F | | 10. RACE CODE S | | 11. AGE [REDACTED] | | 12. HT. 504 | | 13. WT. 140 | |
| | 14. DATE OF APPT. 13-APR-1987 | | 15. EMPLOYEE NO. [REDACTED] | | 16. UNIT & BEAT OF ASSIGNMENT 004 0430 | | 17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | | 18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | | | | |
| SUBJECT INFORMATION | 20. LAST NAME [REDACTED] | | 21. FIRST NAME [REDACTED] | | 22. MI [REDACTED] | | 23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 24. RACE WWH | | 25. D.O.B. [REDACTED] | | 26. HT. 509 | | 27. WT. 268 | | | |
| | 28. PHONE NO. [REDACTED] | | 29. WAS SUBJECT ARMED? OTHER (SPECIFY) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 30. VERBAL THREAT (ASSAULT) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | | | | | | |
| REASON FOR USE OF FORCE (Check all that apply) | 33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED] | | 34. BY WHOM? [REDACTED] | | 35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid | | 36. CHARGES PLACED <input type="checkbox"/> DNA | | 37. CB NO. [REDACTED] | | IR NO. [REDACTED] | | | | | | | |
| | 38. SUBJECT'S ACTIONS <input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER [REDACTED] | | 39. ACTIVE RESISTER <input type="checkbox"/> FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER COMBATIVE TOWARDS R | | 40. ASSAULTANT/ASSAULT <input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER [REDACTED] | | 41. ASSAULTANT/BATTERY <input type="checkbox"/> ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER [REDACTED] | | 42. ASSAULTANT/DEADLY FORCE <input type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER [REDACTED] | | | | | | | | | |
| WEAPON DISCHARGE INCIDENT | 43. MEMBER'S RESPONSE <input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON w/AUTHORIZATION <input type="checkbox"/> OTHER [REDACTED] | | 44. OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER [REDACTED] | | 45. ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER TASER DEPLOYED | | 46. KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> | | 47. FIREARM <input type="checkbox"/> OTHER [REDACTED] | | | | | | | | | |
| | 48. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED] | | 49. ADDITIONAL INFORMATION R/S RESPONDED TO ASSIST OEMC OF A MAN BLEEDING ON THE STREET. UPON R/S'S ARRIVAL, SUBJECT WAS HIGHLY INTOXICATED AND UNCOOPERATIVE. NEEDED MED ATT TO SELF INFLICTED INJURY TO RIGHT HAND. SUBJECT APPROACHED R/S IN A THREATENING MANNER. | | | | | | | | | | | | | | | |
| CASE INFO. | 50. POSITION [REDACTED] | | 51. STAR NO. [REDACTED] | | 52. UNIT [REDACTED] | | 53. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER | | 54. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors | | 55. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial | | 56. WEATHER CONDITIONS RAIN | | | | | |
| | 57. TASER DART ID NO. C62004MND | | 58. WEAPON SERIAL NO. (Include Letters) ZZX30064X | | 59. CHICAGO GUN REG. NO. [REDACTED] | | 60. IL FIREARM OWNER ID. NO. [REDACTED] | | 61. HANDGUN CERTIFICATE NO. [REDACTED] | | 62. SPECIAL WEAPON CERTIFICATE NO. [REDACTED] | | 63. PROPERTY INVENTORY NO. [REDACTED] | | 64. TYPE OF AMMUNITION USED [REDACTED] | | 65. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1 | |
| SIGNATURES | 66. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) TASER | | 67. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | 68. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED] | | 69. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (SPECIFY) | | 70. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (SPECIFY) | | 71. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED] | | 72. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | | | | |
| | 73. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. | | 74. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. | | 75. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | | 76. 73. REPORTING MEMBER (Print Name) MOSQUERA, MARINA | | 77. STAR/EMPLOYEE NO. 2449 | | 78. DATE 04-OCT-2014 09:53:23 | | 79. REVIEWING SUPERVISOR (Print Name) OAKES, KEVIN J | | 80. STAR NO. 178 | | 81. DATE REVIEWED 04-OCT-2014 10:40:25 | |

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject hospitalized.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Notification: IPRA, Williams #125

The sergeant deployed the laser once, for a duration of 5 seconds, as a last resort in order to defeat the threat of an attack.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO 1071825 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

OAKES, KEVIN J

SIGNATURE

DATE COMPLETED

TIME

04-OCT-2014 10:45:07

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

1

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. **HX**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

| OFFICER INFORMATION | | INCIDENT INFORMATION | |
|---|---------------------------------------|---|--|
| NAME (LAST - FIRST - M.I.) MOSQUERA, MARINA | | <input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR | |
| STAR NO. 2449 | POSITION SERGEANT OF POLICE | ADDRESS OF OCCURRENCE [REDACTED] | |
| DATE OF APPOINTMENT 13-APR-1987 | EMPLOYEE NO. [REDACTED] | CITY <input checked="" type="checkbox"/> CHICAGO | STATE (If outside Chicago) [REDACTED] |
| UNIT OF ASSIGNMENT 004 | BEAT/CALL NO. 0430 | LOCATION CODE 303-SIDEWALK | BEAT OF OCCURRENCE 0423 |
| SEX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F | RACE HISPANIC | DATE OF OCCURRENCE 04-OCT-2014 | TIME 07:08:00 |
| HEIGHT 504 | WEIGHT 140 | DAY OF WEEK SATURDAY | |
| TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED | | NO. OF OFFICERS BATTERED 1 | |
| <input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER | | WORKING: <input checked="" type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____ | |
| TYPE OF ACTIVITY | | MANNER OF ATTACK | |
| <input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input checked="" type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER | | <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS) | |
| TYPE OF INJURY TO OFFICER | | TYPE OF WEAPON/THREAT | |
| <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE | | (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT <input type="checkbox"/> D. HANDS/FIST'S <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input checked="" type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> H. OTHER (SPECIFY) _____ /COMING TOWARDS R/S THREATENING MANNER. | |
| LIGHTING CONDITIONS AT INCIDENT | | FIREARM USE INFORMATION | |
| <input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD | | (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON | |
| TYPE OF ACTIVITY | | OFFENDER INFORMATION | |
| <input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input checked="" type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER | | SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE WHITE HISPANIC DOB [REDACTED] | |
| TYPE OF ACTIVITY | | TYPE OF ACTIVITY | |
| <input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input checked="" type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER | | WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? 1 | |
| TYPE OF ACTIVITY | | TYPE OF ACTIVITY | |
| <input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input checked="" type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER | | WEATHER CONDITIONS <input type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input checked="" type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: 40 °F | |

REPORTING MEMBER - SIGNATURE
MOSQUERA, MARINA

STAR NO.
2449

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
OAKES, KEVIN J 178

EVIDENCE SYNC™ OFFLINE

DEVICE REPORT

ECD Information

Model #: TASER_ECD_X2

Serial #: ZZX30064X

Firmware Version: FWBundle Rev. 03.041

Device Health: Good

Offline Report

Date:

04 Oct 2014 08:18:19

Local Timezone:

Central Standard Time (UTC -5:00)

Event Log

| GMT Time | Local Time | Event | Cartridge Info | Duration | Temp | Batt% |
|---------------------|---------------------|---------------|--|--------------------|--------------|------------|
| 10/04/2014 11:13:07 | 10/04/2014 06:13:07 | Armed | C1: 25' Standard C2: 25' Standard | | 27°C 27°C | 95% 95% |
| 10/04/2014 11:13:09 | 10/04/2014 06:13:09 | Safe | C1: 25' Standard C2: 25' Standard | 2s 2s | 27°C 27°C | 95% 95% |
| 10/04/2014 12:00:04 | 10/04/2014 07:00:04 | Armed | C1: 25' Standard C2: 25' Standard | | 26°C 26°C | 95% 95% |
| 10/04/2014 12:05:20 | 10/04/2014 07:05:20 | Trigger | C1: Deployed | 5s | | 95% 95% |
| 10/04/2014 12:11:54 | 10/04/2014 07:11:54 | Safe | C1: Deployed C2: 25' Standard | 11m 50s 11m 50s | 27°C 27°C | 93% 93% |
| 10/04/2014 12:49:40 | 10/04/2014 07:49:40 | USB Connected | C1: Invalid Cart. Type C2: Invalid Cart. Type | | 26°C 26°C | 0% 0% |
| 10/04/2014 12:50:00 | 10/04/2014 07:50:00 | Time Sync | 10/04/2014 07:50:00 to 10/04/2014 07:52:27 | | | |